| Laouc | 0247562 |
|--|---|
| (Requestor's Name) (Address) (Address) | 400431827794 |
| (City/State/Zip/Phone #) | FILED RECEIVED 2024 JUL 15 AM 9: 43 2024 JUL 15 PM 3: 14 NALLAWASSEE, FLORIDA MUNICANASSEE, FLORIDA |
| Office Use Only | |

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

· · ·

| | ACCOUNT NO. | : | 1200000001 | 95 | | |
|-----------------|-----------------------|------------|--------------|---------|--|----------|
| | REFERENCE | : | 529168 | 7560577 | | |
| | AUTHORIZATION | : | Land | 2 | | |
| | COST LIMIT | : | \$ 25.0 | lena, | <u></u> | _ |
| ORDER DATE : | July 1, 2024 | | | | | |
| ORDER TIME : | 9:15 AM | | | | | |
| ORDER NO. : | 529168-066 | | | | | |
| CUSTOMER NO: | 7560577 | | | | | |
| • - • • • • • • | | | • - - | | | |
| | CHANGE OF AG | <u>ENT</u> | | | 20.20 | |
| NAME : | BAINBRIDGE MON LLC | OCA | CY CENTER, | | 2024 JUL 15 AM II: 34 SECRETARY OF STATE PALLAHASSEL, FLORD: | RECEIVED |
| PLEASE RETURN | THE FOLLOWING AS | PRO | OF OF FILI | NG: | F | |

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER:

- .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: | | |
|--------|---|--------------|---|
| 2. (a) | 12765 W. Forest Hill Blvd. | | (b) 12765 W. Forest Hill Blvd. |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Suite 1307 | | Suite 1307 |
| | Wellington, FL 33414 | | Wellington, FL 33414 |
| | 08/21/2020 | | L20000247562 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | BCRA, LLC | | |
| | Registered Agent and Registered Office shown on the records on 1905 NW CORPORATE BLVD | of the Flori | ida Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREE SUITE 310 | TADDRES | — — ~ ~? |
| | Boca Raton | L 33431 | JUL |
| | | | P.S |
| (b) | | | IALLAHASSE |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office a | JUL IS AM 9 |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company | ed Office a | ASSEEL FLORID |
| (b) | | ed Office a | ALLAHASSEE, FLORIDA |
| (b) | Corporation Service Company | ed Office a | ASSEE, FLORIDA |

change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Chris Phillips

Chris Phillips, Authorized Representative

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

under a Klan Signature of Registered Agent

Elizabeth A. Dawson, Asst. Vice President on behalf of Corporation Service Company

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00